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|-------------|------|
| Accepted By | Date |
| Entered By | Date |

The East Stuart Youth Initiative consists of three collaborating partners who include City of Stuart Community Services Department, Stuart Police Department Youth Intervention Office, and Tykes and Teens, Inc. All agencies are proudly supported by Children's Service Council of Martin County.

2021-2022 Afterschool Application

| Program Participant Information | | | | | | | |
|--|--------------------------------|--|--|--|--|--|--|
| Youth First Name | | Middle Name | | Last Name | | Nickname | |
| Street Address (Including Apartment Number) | | | | City, State, Zip | | | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth (MM/DD/YY) | | Age | | Youth Last 4 Digits of Social Security Number _____ | |
| Total Number in Household (adults & Children) | | Single Parent Household? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Child Lives With: <input type="checkbox"/> Single Parent <input type="checkbox"/> Dual Parents <input type="checkbox"/> Other | | Household Income: (check one) <input type="checkbox"/> \$0-9,999 <input type="checkbox"/> \$30,000-39,999 <input type="checkbox"/> \$10,000-19,999 <input type="checkbox"/> \$40,000-49,999 <input type="checkbox"/> \$20,000-29,999 <input type="checkbox"/> \$50,000 & Up | |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Some Other Race | <input type="checkbox"/> Two or More Races |
| School Information | | | | | | | |
| School Name | | Student 4300#: | | Current Grade | | School Lunch Program <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Ineligible | |
| Parent/Legal Guardian Information | | | | | | | |
| Primary Contact First Name | | | | Secondary Contact First Name | | | |
| Last Name | | | | Last Name | | | |
| Relationship to Youth | | | | Relationship to Youth | | | |
| Primary Phone | | | | Primary Phone | | | |
| Work Phone | | | | Work Phone | | | |
| Email Address | | | | Email Address | | | |
| Eligible Pick Up List / Emergency Contact Information- Please list information about the people who can be contacted in case of an emergency (other than parent/guardian). | | | | | | | |
| Please list the names (excluding parents/guardians) of individuals eligible to pick up child (your child will not be released to anyone not listed below – <i>this list may only be changed in writing, in person, and my not be altered verbally, over the phone or via any electronic means, therefore please be thorough</i>). If a person listed comes to pick up your child and they are not known to the Program staff they will be asked to produce ID - without ID your child will not be released. | | | | | | | |
| Last Name | | First Name | | Relationship to Youth | | Phone Number | |
| Last Name | | First Name | | Relationship to Youth | | Phone Number | |

| | | | |
|-----------|------------|-----------------------|--------------|
| Last Name | First Name | Relationship to Youth | Phone Number |
| Last Name | First Name | Relationship to Youth | Phone Number |
| Last Name | First Name | Relationship to Youth | Phone Number |
| Last Name | First Name | Relationship to Youth | Phone Number |
| Last Name | First Name | Relationship to Youth | Phone Number |
| Last Name | First Name | Relationship to Youth | Phone Number |

Medical Information

Please list any allergies, medical, physical or emotional conditions (including disabilities) or other helpful information:

Self – Care, Self - Release

East Stuart Youth Initiative offers a Self-Care, Self-Release policy option, which means that youth can check themselves out of the program. East Stuart Youth Initiative will not be held liable for any member leaving the facility.

We have created this permission slip to help us know which children are expected to stay in the program, and which ones have permission to come and go at will.

By signing **YES** to this permission slip, you are stating that your child has permission to leave at will. You are also stating that you understand your child is not being supervised during their time away. Once your youth is signed out of the program they are not able to Sign back in, nor will staff be able to contact you to inform you that your child has signed out.

- Yes, my child is allowed to leave the program using the Self-Care, Self-Release Policy.
 - Yes, my child is allowed to leave the program using the Self-Care, Self-Release Policy only when walkers are dismissed from the program at 5:00pm.
 - Yes, my child is allowed to leave the program using the Self-Care, Self-Release Policy only when I call to give permission and verify youth Date of Birth.
- OR

By signing **NO** to this permission slip, you are stating that you do not want your child to leave the program until you pick them up. You are stating that your child will stay in the program because you say so, not because we do. You are also stating that if your child tries to leave that you understand that we will encourage your child to stay, but we cannot force him/her to stay. You also understand that we cannot be held liable if your child does leave without your permission. We will attempt to notify you if your child leaves without your permission.

- No, my child is not allowed to leave the program until I or designee picks them up

I have read and understand the information and I agree to adhere to all conditions.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Consent & Waivers

Medical Treatment

In the event that I cannot be reached in an emergency, I hereby give permission to the physician, and/or Hospital selected by East Stuart Youth Initiative staff to hospitalize, secure proper treatments for, to order injection, anesthesia or surgery for my child as named herein. In the event that my child, as named herein, should require basic first aid and/or minor treatments, as ordered by East Stuart Youth Initiative staff, I give permission for the health care professional to administer such aid or treatment for my child.

Initial: _____

Parent/Guardian Release

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the East Stuart Youth Initiative, their representatives, successors, insurers, assigns or any other person or entity associated with the organization, such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities of said organization either at or away from the program. I understand that the East Stuart Youth Initiative is not responsible for lost or stolen items.

Initial: _____

Off-Site Programming Release

I, the parent/guardian of the minor child listed on this application, grant permission for my child to attend East Stuart Youth Initiative sponsored field trips as part of the normal day to day program and activity schedule. I understand that these trips may require vehicle transportation and include trips to the Library, local parks, restaurants, local schools, golf courses, movie theater and other locations within Martin County, with the understanding that ample notice will be provided. Trips outside of Martin County may require separate permission forms.

Initial: _____

Information Release

I, the parent/guardian of the minor child listed on this application, do hereby give my child permission to attend and participate in activities sponsored by the East Stuart Youth Initiative. I agree that the information provided here may be used by the funders, partners or affiliates of this program {e.g. Children's Services Council of Martin County} for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to the funders, partners or affiliates of this program may include information provided on this youth's application form, information provided by the minor child's school or school district, and other information collected by East Stuart Youth Initiative, including data collected via surveys or questionnaires. All information provided to the funders, partners or affiliates of this program will be kept confidential.

Initial: _____

Media Release

Permission for youth to photographed and/or videotaped for promotional materials:

Initial: _____

Field Trips

I, the parent/guardian of the minor child listed on this application, understand that field trips are an incentive-based opportunity and my child must comply with all program rules and regulations to attend. I do understand that if my child does not follow the rules and regulations, they will not be allowed to attend the field trip.

Initial: _____

I have read, understand, and will abide by all of the above. All information provided in this form is true and complete. I agree that any false or misleading representation or material omission may disqualify my child from participating in East Stuart Youth Initiative programs.

Print Parent/Guardian Name

Relationship

Parent/Guardian Signature

Date

Parent & Guardian Consent and Waivers Addendum

June 1, 2021

Effective June 1, 2021, masks will be optional for students and staff for the summer months. Optional masks **Will Not** be provided. Parent/Guardian will be responsible for providing a mask for your child(ren). I, the parent/guardian of the minor child listed on this application, understand that masks are optional as The City of Stuart and ESYI Program are following the recommended guidelines put forth by the FDOE. Please initial below your mask preference for your child(ren).

- Yes**, I would like my child(ren) to wear a mask at all times, when social distancing cannot be achieved.

- No**, my child(ren) does not need to wear a mask while attending the ESYI Summer Camp Program.

Child(ren) Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____



Acknowledgement of Risks and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and the State of Florida remains under a Public Health Emergency declared by the Governor. COVID-19 is a new virus, highly contagious, and despite reasonable precautions, may be transmitted. COVID-19 is believed to spread mainly from person-to-person through respiratory droplets produced when an infected person coughs or sneezes. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to allow my child(ren) to participate in programs operated by the City of Stuart. I acknowledge that City of Stuart employees come into contact with multiple individuals and might become exposed to COVID-19. I also acknowledge that the City of Stuart cannot guarantee that my child(ren) will not become infected with COVID-19.

I knowingly acknowledge that by allowing my child(ren) to participate in the City of Stuart's programs, I am exposing my child(ren), myself, and others with whom we come into contact to the risk of becoming infected with COVID-19, or Multisystem Inflammatory Syndrome (MIS-C) which may result in serious personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 or Multisystem Inflammatory Syndrome (MIS-C) may result from actions, negligence, and failures to act of myself and others, including, but not limited to, the City of Stuart and other program participants and parents.

I assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I or my child(ren) may suffer arising out of or in connection with my child(ren) or myself becoming exposed to or infected by COVID-19 or Multisystem Inflammatory Syndrome (MIS-C) whether or not contracted through participation in any City of Stuart program. I additionally assume other risks not known or not reasonably foreseeable at this time due to the novel nature of COVID-19.

In exchange for my child(ren) participating in the City of Stuart program(s), on my own behalf, and on behalf of my child(ren), I hereby release, waive, covenant not to sue, and forever discharge the City of Stuart, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19 or Multisystem Inflammatory Syndrome (MIS-C). I understand that this release includes any Claims based on the negligence, action, or inaction of the City of Stuart (including its employees, agents, and representatives), and covers bodily injury, illness, disability, and death related to COVID-19 or Multisystem Inflammatory Syndrome (MIS-C), whether a COVID-19 infection or Multisystem



Inflammatory Syndrome (MIS-C) occurs before, during or after participation in any City of Stuart's program.

I have had the opportunity to ask questions. Any questions that I have asked have been answered to my complete satisfaction. I subjectively understand the risk of my minor child's participation in this activity and knowingly and appreciating these risks, I voluntarily permit my child's participation, assuming all risks of injury, illness, or even death. The undersigned agrees that the City of Stuart is not a commercial provider for purposes of section 744.301(3)(d), Florida Statutes. If any part of this waiver is determined to be unenforceable, all other parts shall be given full force and effect.

PLEASE READ THIS FORM COMPLETELY AND CAREFULLY. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF STUART (INCLUDING ITS EMPLOYEES, AGENTS AND REPRESENTATIVES) IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY, INCLUDING EXPOSURE TO AND CONTRACTION OF COVID-19 OR MULTISYSTEM INFLAMMATORY SYNDROME (MIS-C). YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF STUART HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Parent or Guardian's Signature: _____

Parent or Guardian's Name, Printed: _____

Child(ren)'s Name (first & last): _____



COVID-19 REACH UP East Stuart Youth Initiative Program **Safety Procedures:**

- Program youth must be signed-in to the program by a parent or assigned guardian;
- Youth will be dropped off in front of the 10th Street Community Center. Youth will be screened at drop-off for fever and may be asked a series of health-related questions. Parents will remain outside of the building. If the parent needs to enter the building, they will be screened as well. If anyone in the party has a temperature of 100.0 or higher, the child(ren) that is attending the program will not be allowed to remain in the program that day;
- All youth will wash their hands prior to joining their groups once signed in;
- Temperature checks will be conducted on all children throughout the day. Parents will be notified if a child has a temperature between 99.0 and 99.9 degrees. If a child has a temperature of 100.0 or higher, that child must be picked up within one hour, and may not return until he or she has been fever-free, without use of fever-reducing medications, for at least 24 hours (minimum of one full program day);
- Temperatures of all staff and youth will be taken in the AM prior to entering the 10th Street Community Center. Anyone registering a temperature above 100.0 will be sent home. Youth will not be able to return, and youth will not be allowed to return until they are symptom free for a minimum of 1 program day;
- Parents will remain outside of the building upon pick-up. They will pull up inside of the designated area identified by orange cones and identify themselves to staff who will be assigned at the front of the building. Once the parent/guardian is identified as authorized to pick-up, their youth(s) will be called to go home;
- If your youth complains of feeling ill, has shortness of breath or noticeable cough, please keep them at home;
- All staff have been notified to remain at home if they feel ill;



- There will be no more than 9 youth and 1 staff per group. Staff and youth will practice social distancing at all times. Youth groups will not intermingle;
- Signs have been posted throughout the building to remind staff and youth of the importance of frequent and thorough handwashing;
- All staff and youth will wash their hands prior to any meals;
- Staff will wipe all surfaces with disinfectant prior to entering and exiting an area. Common areas will be wiped down every hour;
- Know the symptoms of the virus:
 - Fever
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
- Morning Drop-off times: 8:00am-9:00am (exceptions with Dr. note only);
- Afternoon Pick-up times: 4:00pm-5:00pm;
- Afternoon Walkers will only be dismissed at 4:30pm Daily;
- If your youth misses three (3) consecutive days, they will be removed from the program and added to the waiting list;
- If your youth has their own mask or water bottle, we encourage them to bring them daily. Any youth without their own mask will be assigned one;
- Please don't hesitate to address staff with any questions or concerns;
- Be Safe!!



I have been given a copy, informed, and agree to the REACH UP ESYI's COVID-19 safety procedures.

Print Youth Name(s): _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



**ACKNOWLEDGEMENT OF RISKS AND WAIVER OF LIABILITY
RELATING TO THE CORONAVIRUS/COVID-19**

I am the parent or other legal guardian of the minor child(ren) listed below. I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 (“COVID-19”) was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention has stated that “the best way to prevent illness is to avoid being exposed to this virus” (see: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>).

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to allow my child(ren) to participate in a program funded in whole or in part by the Children’s Services Council of Martin County (collectively, the “Program”). Such program is implemented by a provider who receives funding from the Children’s Services Council of Martin County (the “Provider”).

I acknowledge that the Provider’s employees come into contact with multiple individuals and might become exposed to COVID-19. I also acknowledge that although the Provider may take precautions to reduce the likelihood of transmission of COVID-19 by its employees, the Provider cannot guarantee that my child(ren) will not become infected with COVID-19.

I acknowledge that by allowing my child(ren) to participate in the Program, I am exposing my child(ren) and myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from actions, negligence and failures to act committed by myself and others, including, but not limited to Provider’s employees and other Program participants and parents.

In consideration for my child(ren)’s participation in the Program, I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I may suffer arising out of or in connection with my child(ren) or myself becoming exposed to or infected by COVID-19 while my child(ren) is/are participating in the Program. On my own behalf and on behalf of my child(ren), I hereby release, covenant not to sue, and forever discharge the Children’s Services Council of Martin County, its board members, employees and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature (collectively, “Claims”) arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that this release includes any Claims **ARISING DIRECTLY OR INDIRECTLY OUT OF THE NEGLIGENCE (ACTION OR INACTION), IN WHOLE OR IN PART, OF THE CHILDREN’S SERVICES COUNCIL OF MARTIN COUNTY OR THE PROVIDER** and covers bodily injury (including death) due directly or indirectly to COVID-19, whether a COVID-19 infection occurs before, during or after participation in the Program.

I affirm that I have read, understand, and agree to the Acknowledgement of Risks and Waiver of Liability Relating to the Coronavirus/COVID-19 provisions above, in full.

Signature of Parent/Guardian

Parent/Guardian’s Name Printed

Date: _____

Print Name(s) of child(ren) (First and Last): _____

